PTO/SB/05 (08-03)
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| | · P. | ATENT APP | LICATI | ON FEE DET | FRMINATI | ON RECORE | information u | nless it d | splays a valid OM | B control nun |
|--|---|---------------------|--------------|------------------------|------------------|--------------------|--|------------------------------|--------------------|--------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Pocket Number | | |
| | | CLAIMS | AS EILE | - -Ω PΔRT (| | | | | 0/0 | 20239. |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTI | | | | | | | L ENTITY | Ot | HTO: \ | ER THAN LENTITY |
| FOR NUMBER FILED NUMBER EXTRA. | | | | | BER EXTRA | 7 | 7 | 7 | | - CONTRACT |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | RATE | FEE | \exists | RATE | FEE |
| TO ,(37 | TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = - | | | | | -{ | | _ , OF | ` | 15 |
| INC | EPENDENT CL | AIMS . | minus 20 = - | | | X \$= | | OR | X \$= | |
| | CFR 1.16(b)) | | | 3 = | <u> </u> | × \$= | | OR | X \$= | 1 |
| MU | TIPLE DEPEN | DENT CLAIM PRE | SENT | (37 CFR 1.16(d)) | | +5 = | | OR | | 1 |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | 1 | 7 | | |
| | | | | | • | TOTAL | L | _) OR | JATOT | L |
| 17 | /2× ^/ | CLAIMS AS A | WENUE | U – PART II | | | | | | |
| 1 | 20-06 | (Column 1) | | (Column 2) | (Column 3) | SMALL | ENTITY | OR | OTHE | R THAN |
| | | CLAIMS REMAINING | ; | HIGHEST NUMBER | PRESENT | | | 7 | SMALL | ENTITY |
| | | AFTER AMENDMEN | - 1 | PREVIOUSLY PAID FOR | EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| ENDMEN | Total | 1.19 | Minus | " 20 | = | | FEE | ┨ | ļ | FEE |
| ž | Independent (37 CFR 1.16(b)) | 0 | Minus | 11 | = | X 1 = | | OR | X' S = | |
| Σ | | _ئل | | 1_9_ | | X 5 = | - | OR | x s = | |
| | HK21 PRESEN | TATION OF MULTI | PLE DEPEN | DENT CLAIM (37 CF | R 1,16(d)) | + s = | | OR | +5 = | |
| | | | | | | TOTAL ADD'L FEE | | OR | TOTAL | |
| | | (Column 1) | | (Column 2) | (Column 3) | | · · · · · · · · | | ADD'L FEE | |
| | | CLAIMS REMAINING | | . HIGHEST NUMBER | PRESENT | | | | | |
| יייין איניין | | AFTER AMENDMENT | 1 | PREVIOUSLY PAID FOR | EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| 3 | Total (a) OFR 1,16(c)) | | Minus | | = | <u> </u> | FEE | | | FEE |
| ֓֞֜֞֜֜֞֜֜֜֓֓֓֜֜֜֡֓֓֓֡֓֓֡֓֜֜֡֡֓֡֓֡֡֡֡ | Independent (37 CFR 1.16(b)) | • | Minus | | = | X \$= | | OR | X \$=. | |
| + | SIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR + 1960)) | | | | X \$ = | | OR | x s= | | |
| | - W21 5 W 2 S E W 1 | A HOLL OF BOUTH | LE DEPENO | ENT CLAIM (37 CF) | i tuici; | + 5= | | OR | + 5_ = | |
| | | | | | | TOTAL ADO'L FEE | | OR | TOTAL AOD'L FEE | |
| | | (Column 1) | • | (Column 2) | (Column 3) | | | • | MODELLE [| |
| 1 | | CLAIMS REMAINING | | HIGHEST | | | | | | |
| | | AFTER AMENDMENT | | PREVIOUSLY | PRESENT EXTRA | RATE | ADDI: | | RATE | ADDI- TIONAL |
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| | ndependent 37 CFR 1 16(6)) | | Minus | ••• | = | X 5= | | OR . | x s = | |
| ⊦ | l | | | | | X 1 = | | OR | X \$= | |
| 1. | IRST PRESENTA | THON OF MULTIPE | E DEPENDE | INT CLAIM 137 CFR | 1 16(0)) | + 1 = |] | OR | + 5 = | |
| | | • | | - | | TOTAL | | ا. م | TOTAL | · |
| | | | | in column 2, write | | AOO'L FEE | | OR | ADO'L FEE | |

(Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U S C 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.